by the disease than the tibia, and the outer surface of the bone more than the inner. Anteroposterior gliding is prevented by the curved surfaces of the ends of the bone and lateral gliding by the suturing of the patellar fragments with wire, after sawing from it a transverse piece corresponding in width with the shortening in the limb. Its posterior surface is also sawed off and the patella nailed to the lower end of the femur in order to keep the ligamentum patella tense. Drainage is employed only when there is severe mixed infection. A well padded posterior splint is applied, which extends from the buttocks to the heel. The limb is now brought down to the table without fear of dislocating the fragments. An anterior plaster and hemp splint is prepared which reaches from the toes to the inguinal region, and is applied firmly to the limb. The patient is returned to bed and the limb suspended by means of a ring in the anterior plaster-hemp splint. In the evening or at the end of twenty-four hours the plaster splint is removed and the rubber bandage, applied about the operative field to control oozing, is removed. The plaster splint is then replaced. The whole dressing remains in place for four to six weeks, when it and the skin sutures are removed.

Intravenous Administration of Sublimate, Hyrgolum, Oxycyanide, and Sublamine, in Salvarsan Relapses.—HEIDINGSFELD (*Amer. Jour. Urolog.*, 1912, viii, 434) says that despite the fact that salvarsan is the most efficient present day remedy for the successful treatment of syphilis, it does not possess, in itself, properties of unfailing efficacy. For a time he relied exclusively upon salvarsan to effect a cure, except in such cases as had received mercurials and other forms of antisyphilitic medication prior to the administration of salvarsan. The study of these cases reveals that many patients who had received some form of previous medication showed a negative complement fixation test of more prompt and permanent character than those who had received previous treatment of this kind. An effort was made to determine a more effective method of combining the mercurial with the salvarsan treatment. Intravenous administration of bichloride was made in 11 cases; of hyrgolum in 92; oxycyanide in 114; and sublamine in 15. Five cases progressed to an absolutely negative Wassermann under the intravenous administration of hyrgolum, 4 under the intravenous administration of oxycyanide, 6 under the influence of both oxycyanide and hyrgolum, and 1 under the influence of sublamine. Ten cases have shown material improvement and the rest remained unchanged, or have been observed too short a time to permit an estimation from the complement fixation standpoint. Sixteen cases, or 23 per cent. of the 69 cases which have failed to promptly become negative under salvarsan and mercurials in other form, have become Wassermann negative, and 10, or almost 15 per cent. have shown material improvement. These results are relatively low because many of these cases have been treated too short a time to determine the character of the Wassermann reaction. The writer feels sufficiently encouraged to recommend this method of treatment for further observation, study, and confirmation at the hands of others who are engaged in the treatment of these cases. He can only recom-

mend the oxycyanide of mercury when administered in dilutions of 1 to 1000, and in dosage not exceeding .02 gram. Great care should be exercised in its careful and proper administration. The vein must be carefully and properly entered without incision, to prevent disfigurement. Great care must be exercised not to produce an effusion of the remedy outside the vein. Such an accident while not immediately as painful as that of salvarsan, is prone to produce an inflammatory infiltration of rather severe and distressing character. A wider, more extensive experience and a more prolonged and careful observation, will determine to what extent it can be employed as a routine measure in the successful treatment of syphilis.

The Value of Direct Gastroduodenoscopy in Affections of the Stomach and the Duodenum.—Rovsing (*Annals of Surgery*, 1912, lvi, 201) ventures to assert that we have obtained in the direct gastroduodenoscopy described a method which, in those difficult cases where all other diagnostic expedients are insufficient, enables us to give the exact diagnosis in cases of disease in the stomach and duodenum. It is of special importance in three directions: (1) In the numerous cases where the symptoms speak in favor of ulcers, but where inspection and palpation of the stomach show nothing of the sort. Here gastroduodenoscopy removes all doubts, and sometimes shows us that the supposed ulcer does not exist, whereby the patient is spared a senseless and injurious encroachment; and sometimes it proves the presence of the ulcer, its seat, and its nature. (2) For the differential diagnosis between ulcers in the stomach and the duodenum. (3) By rendering possible a direct attack upon the ulcer, where one had formerly to content himself with gastro-enterostomy because the seat of the ulcer was unknown. This is of exceptional importance with ulcers, the hemorrhages from which constitute a menace to life whether there be permanent oozing, small bleedings, or violent, acute hemorrhages. Nor, naturally, is this method infallible; as with it also one may sometimes overlook a small ulcer which has concealed itself in the folds of the mucous membrane, and may sometimes interpret a depression as being the edge of an ulcer or something similar, but this is of rare occurrence.

THERAPEUTICS

UNDER THE CHARGE OF

SAMUEL W. LAMBERT, M.D.,

PROFESSOR OF APPLIED THERAPEUTICS IN THE COLLEGE OF PHYSICIANS AND SURGEONS, COLUMBIA UNIVERSITY, NEW YORK.

Luminal—A New Hypnotic.—Goldstein (*Deutsch. med. Woch.*, 1912, xxxviii, 987) believes that solutions of luminal are changed by boiling, and therefore the remedy is much less active when given subcutaneously.